## 109000113011

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		ļ	

Office Use Only



900184051439

08/16/10-+01036--028 \*\*87.50

SECRETARY OF STATE

7117

RA ROBING



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: MRD Ventures, LLC
(Name of Corporation)
DOCUMENT NUMBER: L09000113011
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark D. Merolli
(Name of Person)
MRD Ventures, LLC
(Name of Firm/Company)
11025 Gulf Blvd.
(Address)
Treasure Island, FL 33706
(City/State and Zip Code)
For further information concerning this matter, please call:
Mark D. Merolli at (813) 789-4806 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytine Perephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporatio or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	97.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned, Re	becca Donohue		
-	(Name of Registered Agent)		
hereby resigns as Registered Agent for	MRD Ventures, LLC		
	(Name of Corporation)		
L0900113011			
(Document Number, if known)	- <del></del>		
A copy of this resignation was mailed to	the above listed corporation at its last known address.		
this statement is filed.	discontinued on the 31st day after the date on which gnature of Resigning Agent)	10 AUG 16	71 171
If signing on behalf of an entity:	C. FLO	AH II:	
R E	2A	50	, <i>j</i>
(*	Typed or Printed Name)		- 1 T
	(Capacity)		

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314